



AUTHORIZED SIGNATURE FORM

Iowa Finance Authority
HOME Program Allocation Dept.
2015 Grand Avenue
Des Moines, IA 50312

RE: Contract #: _____

Project Name: _____

Whereas, the following individual(s) hereby represents and certifies under penalty of perjury that they are authorized to sign and approve any and all documents on behalf of this contract, including authorizing payment of funds.

_____	_____
Project's Authorized Representative	Signature

_____	_____
Title	Date

Persons delegated to sign on behalf of project's authorized representative:

_____	_____
Name of Authorized Representative	Signature

_____	_____
Title	Date

Organization

_____	_____
Name of Authorized Representative	Signature

_____	_____
Title	Date

Organization

**If any of the above authorized signators change, you are required to notify IFA.
and submit a new Authorized Signature Form.**